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DENTAL PATIENTS' RIGHTS AND RESPONSIBILITIES IN HONG KONG

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Appendix I: Questionnaire on patients' rights

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1. ABSTRACT

In Hong Kong, patients' rights and responsibilities became more concerned in recent years. Different authorities have proposed their patients' charters that were mainly related to the medical services. However, no related charter or guidelines has been made in dentistry. This research undertook with the aim to study the knowledge of the public on patients' rights and the extent of the public in exercising their rights and responsibilities in dental services.

Telephone surveys were conducted and two structured questionnaires were employed. The first one was designed to ask the general public about their knowledge and the extent in exercising their patients' rights. Respondents consisted of Chinese speaking Hong Kong residents aged 25-49 with dental experience. A total of 1626 calls were made, of which 408 were eligible and 401 questionnaires were completed. The second questionnaire concerned with the extent of the patients in exercising their responsibilities. Altogether, 132 dentists were contacted and 78 dentists responded to the questionnaire.

Results showed that 67% of the respondents knew at least 10 out of 14 rights, however, 65% of the respondents had exercised at most 3 out of 12 rights. It was found that the more one knew about his/her rights, the more he/she exercised them. The ratio between the number of rights known and the number of rights exercise was around 1/3. A significant positive association was found between the education level and the knowledge of patients' rights. Regular dental users would have better knowledge than irregular users. Females were found to exercise more rights than males. The commonest reasons for not exercising the specific rights were "trust the dentist" and "dentist has done".

In the view of responsibilities, 75 dentists replied to the questionnaires. Percentage of patients with broken appointment without prior cancellation was 7.1%. While 0.12% of the patients had attempted to request invalid certification.

In conclusion, it was found that the public knew a considerable amount of patients' rights but further reinforcement in educating the public about the rights of accessing own medical

information was necessary. The extent of exercising patients' rights was relatively low. Further study on dentist-patient relationship was required so as to enable a better understanding on this behaviour pattern

2. INTRODUCTION

‘The enjoyment of the highest attainable standard of health is one of the most fundamental rights of every human being...’ (1). This principle is taken from the preamble of the Charter of the World Health Organization (WHO), accepted in 1946. Partly due to the development in health care services, particularly in the industrialized western world, an internally growing interest in patients’ rights is apparent. For example, in Europe, the European parliament passed a motion on a European Charter for patients’ rights in January 1984 (2). Furthermore, many publications and articles in this area have been published, mostly of Anglo-American background (2).

In Hong Kong, patients’ rights have not been concerned much until 1992. The first organization that concerned about the patients’ rights was held by a group of grassroots. The Hong Kong Patients’ Rights Association was established on 20 September 1992. The members mainly composed of a group of patients who suffered from the health care services, their relatives and those concerned about the patients’ rights. The objectives set by the association are: to assist the public to point out the failures of the standards of health services and fight for the compensations; to help the public to understand patients’ rights through promotion and education; and to demand for improvements with respect to protect patients’ rights.

Afterwards, the Hong Kong Medical Association, the Consumer Council, the Hospital Authority and the Department of Health also concerned about the patients’ rights and responsibilities and took actions respectively.

The Hong Kong Medical Association and the Consumer Council unveiled the Charter of Patients’ Rights and Responsibilities on 2 October 1992. Twelve patients’ rights (e.g. rights of dignity, privacy, information, choices and complaint) and three responsibilities were included. A hotline has been set up (2529 5222) for the public to inquire their rights and

responsibilities. Patients are encouraged to play both active and responsible roles in the health care process.

The Hospital Authority unveiled the Patients' Rights Charter on 15 June 1994. The Charter was modified from some overseas charters and the charter proposed by the Hong Kong Medical Association. Eleven rights and five responsibilities were outlined. The purpose of the Patients' Rights Charter is to explain both the patients' rights and responsibilities to the public when they use the services provided by any public hospitals in Hong Kong. It aims that when patients know and understand their rights and responsibilities, a mutually beneficial relationship with the health care providers would be built up. The Department of Health also unveiled Patients' Rights Charter in 1994.

In Netherlands, the law 'Agreement on Medical Treatment' was passed in 1994 (2). This law established the mutual rights and duties of the patients and medical professionals that should be possessed. The law covered any areas in the medical or dental services. At the present, there is no statutory law particularly on patients' rights in Hong Kong. Patients can only rely on 1) the Personal Data (Privacy) Ordinance for the protection of their personal information and 2) various remedies available by the Common Law.

The Personal Data (Privacy) Ordinance, Chapter 486, Laws of Hong Kong, has been in force since 20 December 1996. According to this Ordinance, patients have the rights to ascertain the medical practitioners in having the possession of the their personal data, to make amendments on their personal information, to request for the copies of their medical documents, and to be told the reasons when the requests were refused.

All of the above mentioned patients' charters in Hong Kong are related to the medical services. No charter on dental patients' rights and responsibilities has been set up. Dr. J. Ma, the President of the Hong Kong Dental Association pointed out that dental patients' rights and responsibilities are also important. For example, when treating a particular dental problem, several treatment alternatives might be possible. It is important for the patients to

know that they have the right to understand and discuss the treatment options with the dentists before the dentists start any treatment procedures. Dr. Ma claimed that Dental Patients' Charter should be necessary to be proposed in future.

3. AIM

Since there was no charter particularly on dental patients' rights and responsibilities, it was aimed in this public health project to study the knowledge of the public about dental patients' rights, the extent of the public in exercising their rights and responsibilities in dental services. Through this project, it hoped that the results obtained could serve as a reference to facilitate the future developments in dental patients' rights and responsibilities.

4. OBJECTIVES

- 1) To describe the knowledge of the public on patients' rights;
- 2) To describe the extent of the public in exercising their patients' rights;
- 3) To determine the reasons of the public for exercising or not exercising their patients' rights;
- 4) To describe the extent of the public in taking their patients' responsibilities;
- 5) To identify the areas in patients' rights and responsibilities which require more public concern.

5. MATERIALS AND METHODS

5.1 Study design

According to the objectives of this study, both patients' rights and responsibilities were to be investigated. It was chosen to conduct cross-sectional telephone surveys by the use of two structured questionnaires. The first questionnaire was designed to ask the general public about their knowledge on and the experience in exercising patients' rights. The second questionnaire studied the extent of the dental patients in taking their responsibilities. This time, instead of asking the general public, selected dentist were asked.

5.2 Study populations

I. Patients' rights: -

This study focused on the adult population in Hong Kong, so the criteria in selecting eligible respondents were Chinese speaking Hong Kong residents:

1. Aged between 25 and 49 years old and
2. Had visited dentists before.

Dental experience was included in the selection criteria because respondents were asked about the experience in exercising the patients' rights, for those who had not visited dentists before, probably they did not have chance to exercise their patients' rights.

II. Patients' responsibilities: -

Dentists were selected as the respondents in this part of the study because it might be difficult in asking the public whether they had taken their patients' responsibilities.

5.3 Questionnaires construction

I. Patients' rights: -

In constructing the questionnaire on patients' rights, information on patients' rights and responsibilities obtained from INTERNET and published articles were used as reference (3). Among them, the patients' charters unveiled by the Hong Kong Medical Association and the Hospital Authority were used as the backbone for the questionnaire. From these sources, 14 rights were selected. The preliminary questionnaire was submitted to the Hong Kong Dental Association and Hong Kong Patients' Rights Association. After gathering all the valuable information and advises from them, minor modifications of the questionnaire were made.

The questionnaire (Appendix I) included 5 types of patients' rights:

1. Rights of Treatment (Q1, 8)
2. Rights of Choice (Q2, 7, 10, 11)
3. Rights of Information (Q3, 4, 5, 6, 9, 12)
4. Right of Privacy (Q13)
5. Right of Complaint (Q15)

The general structure in asking the respondents about each right was as follows. Respondents were asked whether they knew each of the rights. For those respondents who answered "yes" would be further asked whether they had exercised the right (except the rights of privacy and complaint) before and the reason(s) behind exercising/not exercising that specific right was asked.

An extra question was set up to test the reliability of the data collected. All the results would be discarded if the respondents answered "yes" to the following question:

"Do you know the Hong Kong SAR Government has set the upper limit on fees or charges for dental treatments?"

Since it is commonly known that Hong Kong is a free-trade market, the Hong Kong SAR Government has not set the upper limit on fees or charges for most of the goods and services traded. Thus for those who answered “yes” to the above question, they might probably not giving serious considerations in answering the questionnaires.

Background information was also collected from the respondents:

1. Gender
2. Age
3. Dental visit pattern
4. Education level
5. Occupation

II. Patient’s responsibilities: -

Two selected responsibilities were studied:

1. Broken appointment without prior cancellation
2. Request on invalid certification: receipt or sick leave

Selected dentists were asked to give the numbers of patient appointments scheduled one day before the survey were broken without prior cancellation. They were also asked to give the numbers of patients attempted to request any invalid certification. Besides, dentists were asked to give the total numbers of patients appointments (either broken or not) scheduled one day before the survey (Appendix II).

5.4 Sampling and surveying methods

I. Patients’ rights: -

A list of 2000 random telephone numbers was obtained from the Social Sciences Research Centre (SSRC), The University of Hong Kong. A total of 1626 calls were made, each

telephone number was tried with a maximum of three times at different time of the day. When telephone contact was successfully established, one person aged 25-49 years with dental experience was selected as the respondent. The telephone survey was conducted from 22 December 97 to 16 January 98 by 9 interviewers. The targeted number of respondents in completing the questionnaires was set to be 400.

II. Patients' responsibilities: -

132 dentists were chosen systematically (one out of every fifteen dentists) from the registered dentist list published by the Dental Council. Telephone numbers of the selected dentists were then obtained and called during January 98 by 6 interviewers.

5.5 Data Analysis

All data collected were entered into the computer with the Excel program, crossed checked and analyzed using the SPSS/Win.

I. Patients' rights: -

Frequency distributions of the background variables and the responses for each patient right were reported. The number for rights known and exercised for different types of patients' rights, and the total numbers of patient rights known and exercised were calculated for each respondent. In order to investigate the relationships between the knowledge/exercise of patients' rights and the background variables, the following tests were employed:

1. 2-sample t-tests were used to compare the difference in the mean numbers of different types of rights (Rights of Treatment, Choice, and Information) known/exercised between males and females and between regular and irregular dental users.

2. ANOVA were used to compare the difference in the mean numbers of different types of rights (Rights of Treatment, Choice, and Information) known/exercised among respondents with different age groups, education levels and occupations.
3. Chi-square tests were used to compare the difference in the proportions of respondents knew about the Right of Privacy/Complaint with different background variables.

Pearson correlation coefficient was obtained to investigate the relationship between the total number of rights known and the total number of rights exercised.

II. Patients' responsibilities: -

Proportions of patients with broken appointments and requesting invalid certification were reported.

6. RESULTS

6.1 Patients' rights

6.1.1 Response rate

A total of 1626 telephone calls were made. 994 calls were answered with 371 respondents immediately refused to continue with the questionnaires (Figure 1). According to the two selection criteria stated before, 408 eligible respondents were selected. Only 401 questionnaires were used for the analysis because three of them were not completed and another four of them had answered "yes" to the extra question set to test the reliabilities of the questionnaires (*Section 5.3.1*). Therefore, the response rate was $401/408 \times 100\% = 98.2\%$.

6.1.2 Socio-demographic background

A summary of the background information of the respondents is shown in Table1.

There was an even distribution among different age groups, except with a slightly higher percentage (26%) in the group aged 25-29 years. 57% of the respondents were female.

Around one third of respondents were regular dental users. Only 15% of the respondents had received primary education or below, most of the respondents (64%) had received secondary education and 21% respondents had received tertiary education or above.

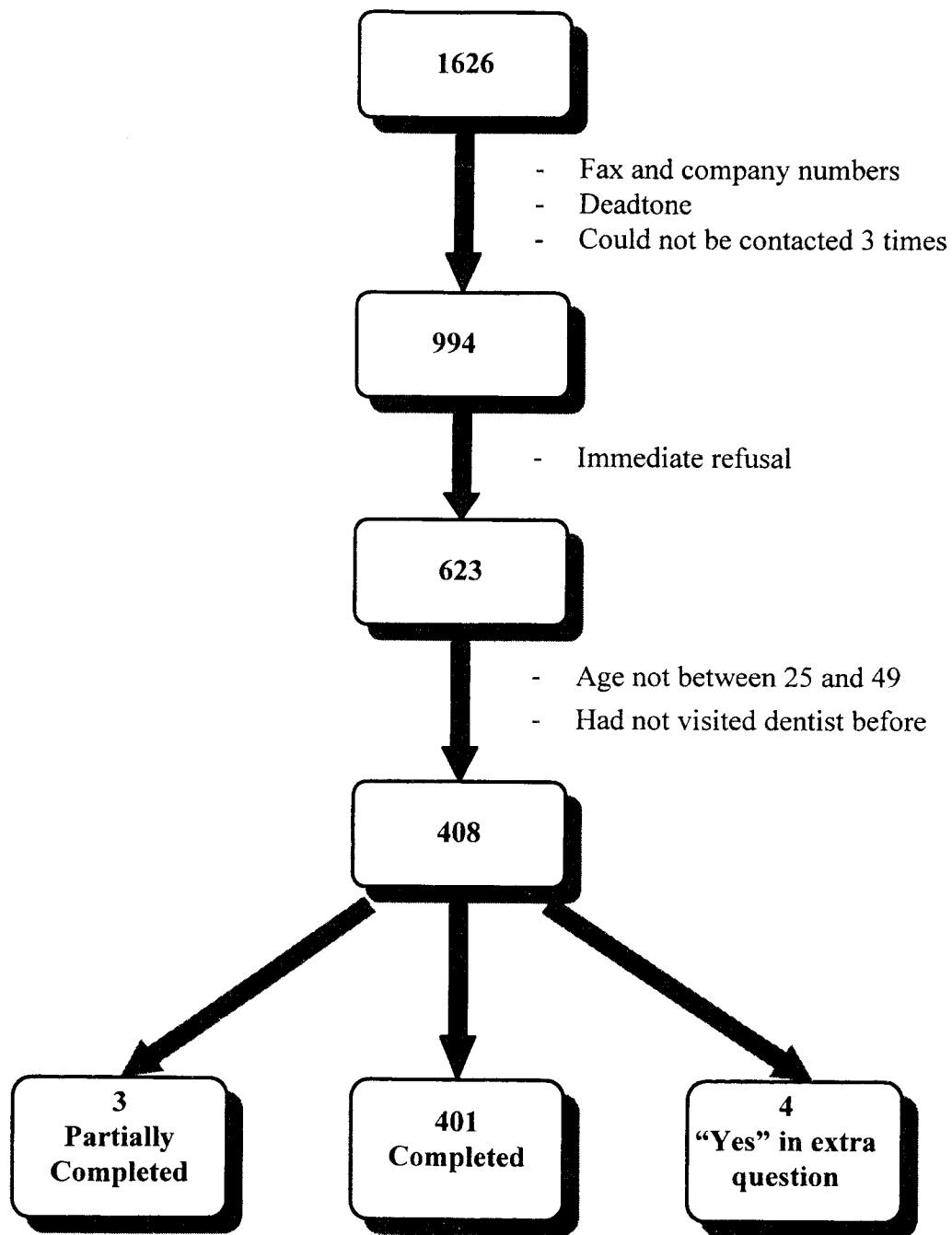


Figure 1 Flow chart of sample of respondents

Table 1. Background Information Distribution in Percentages (n=401)

<u>Age</u>	
25-29	26.2
30-34	21.9
35-39	19.0
40-44	17.0
45-49	16.0
<u>Gender</u>	
Male	42.9
Female	57.1
<u>Pattern of dental visit</u>	
Regular	31.4
Irregular	68.6
<u>Education level</u>	
Not educated or kindergarten	1.2
Primary	14.0
Secondary	63.8
Tertiary or above	20.9
<u>Occupation</u>	
Professional, administrative	21.4
Clerical	21.4
Sales and service worker	12.7
Production and related field	12.4
Housewife	18.0
Unemployed	3.0
Others	11.0

6.1.3 *Knowledge and exercise of patients' rights*

The percentages of the respondents who knew about the 14 selected rights are shown in Table 2. The percentages of the respondents who knew a specific right and had exercised that right before are also shown in Table 2. Among these rights, the rights known by most of the respondents were the rights to have confidentiality in personal information (90%), to refuse treatments (90%), to receive treatments using sterilized instruments (89%) and to be informed about the fees and charges prior to treatments (88%). While the right which was least commonly known was the right to access one's own medical information (52%).

Among the 14 rights, only 12 rights (excluding the rights to have confidentiality in personal information and to make complaints) had been asked if the respondents (those who knew about the rights) had ever exercised them before. The commonest exercised right was the right to be informed about the fees and charges prior to treatments (76%), while the least commonly exercised rights were the rights to enquire whether the instruments used during treatments were sterilized (8%), to refuse medication (10%) and to refuse examination (13%) (Table 2).

The numbers of rights known and exercised according to the types of rights are shown in Table 3. Since different types of rights included different number of rights, percentages of rights being known by the respondents for each type of rights were calculated as the mean numbers of rights known divided by the numbers of rights included in the different types of rights (Row C in Table 3). Compared among the five types of rights, it was found that the Right of Privacy was most commonly known by the respondents (90%), followed by the Right of Complaint (85%), Rights of Choice (78%), Rights of Treatment (76%) and Rights of Information (69%).

In order to compare the extent in exercising the three different types of rights (Rights of Treatment, Choice and Information). Percentages of rights being exercised were calculated as the mean numbers of rights exercised divided by the total numbers of rights included in the different types of rights (Row E in Table 3). All of the percentages obtained were low.

Relatively speaking, the Right of Information had the highest percentage (32%). Ratios between the mean numbers of rights exercised and the mean numbers of rights known were also calculated (Row F in Table 3). The reason for calculating the ratio was only those respondents who knew about particular rights were asked if they had ever exercised the rights before. This ratio gave a better measure of the extent of the respondents in exercising their rights. From the calculated ratios, it was found that the Right of Information had the highest ratio (0.47), i.e. around half of the rights known by the respondents had been exercised.

The distribution of the total number of rights known by the respondents is shown in Figure 2. It was found that the respondents had considerable knowledge of their rights. Around one third (31%) of the respondents knew at least 13 rights. More than half (67%) knew at least 10 rights.

The distribution of the total number of rights exercised by the respondents is shown in Figure 3. It was noted that the respondents exercised quite few rights. Most of them (65%) had exercised at most 3 rights before.

On asking if the respondents would make complaints when the dentists had violated the professional conducts, 82% (278/401) showed positive answers to this question. However, out of those who answered “yes”, 64% (178/278) did not know where to make complaints, only 11% (31/278) knew that they could make complaints through the Dental Council in Hong Kong (Figure 4).

Table 2 Percentages of respondents who knew the rights and had exercised the rights before.

	% respondents who	
	knew the right	had exercised the right before*
<u>Right of Treatment</u>		
Receive treatments using sterilized instruments	89	8
Receive treatments with adequate pain control	64	56
<u>Right of Choice</u>		
Refuse examination/investigation	67	13
Refuse treatments	90	29
Refuse medication	74	10
Have second opinion from other dental professionals	81	27
<u>Right of Information</u>		
Be informed about the fees and charges prior to treatments	88	76
Be given clear explanation of the treatment	67	51
Be explained any appropriate alternative treatments before the treatments	62	50
Know the information of drugs prescribed	75	43
Understand the knowledge of prevention of dental diseases	70	31
Access own medical information	52	16
<u>Right of Privacy</u>		
Have confidentiality in personal information	90	---
<u>Right of Complaint</u>		
Make any complaint	85	---

* Number of respondents exercised the right / number of respondents knew the right × 100

Table 3 Knowledge and exercise of different types of rights

	Rights of				
	Treatment	Choice	Information	Privacy	Complaint
(A) No of rights included	2	4	6	1	1
(B) Mean no of rights known	1.52	3.13	4.14	0.90	0.85
(C) = B/A × 100% Percentage of rights known	76.0	78.3	69.0	90.3	85.0
(D) Mean no of rights exercised	0.43	0.63	1.94	---	---
(E) = D/A × 100% Percentage of rights exercised	20.5	15.8	32.3	---	---
(F) = D/B Ratio of no of rights exercised to that of known	0.28	0.20	0.47	---	---

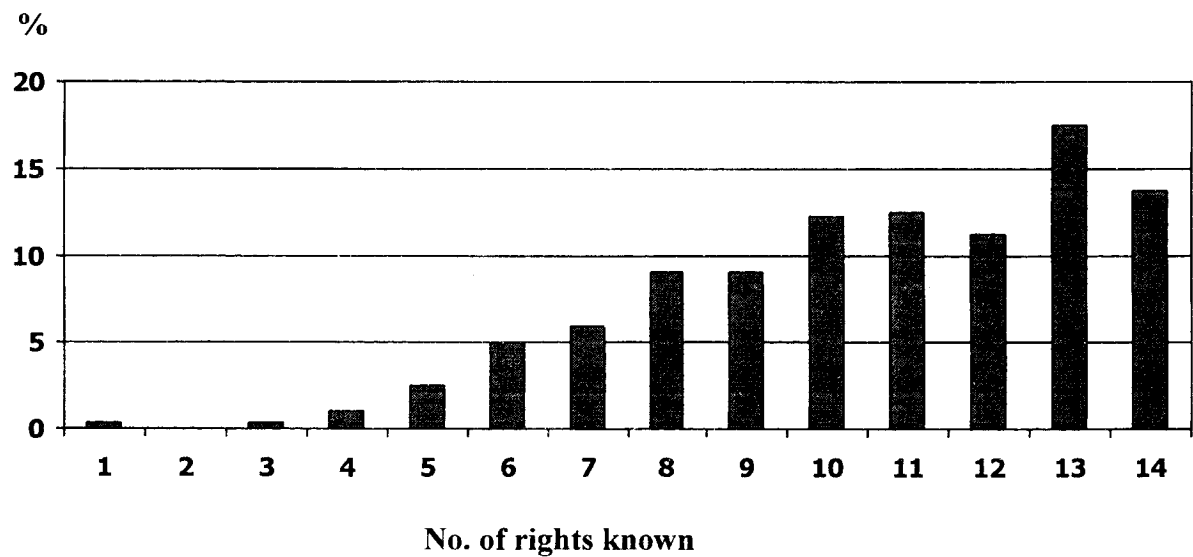


Figure 2 Distribution of respondents according to the total number of rights known

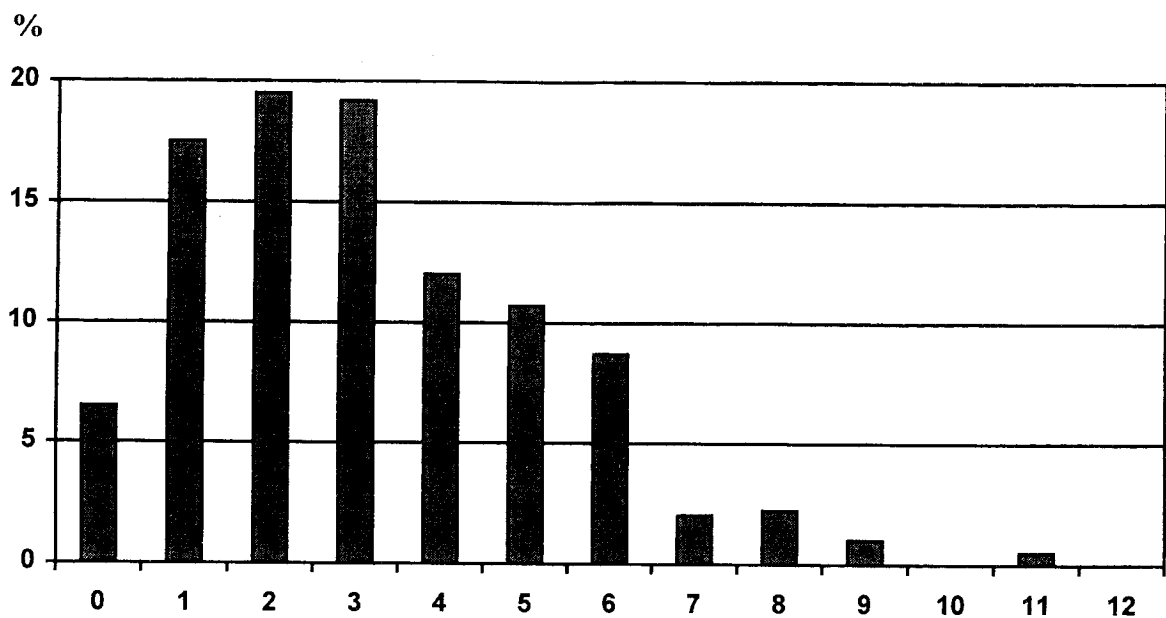


Figure 3 Distribution of respondents according to the total number of rights exercised

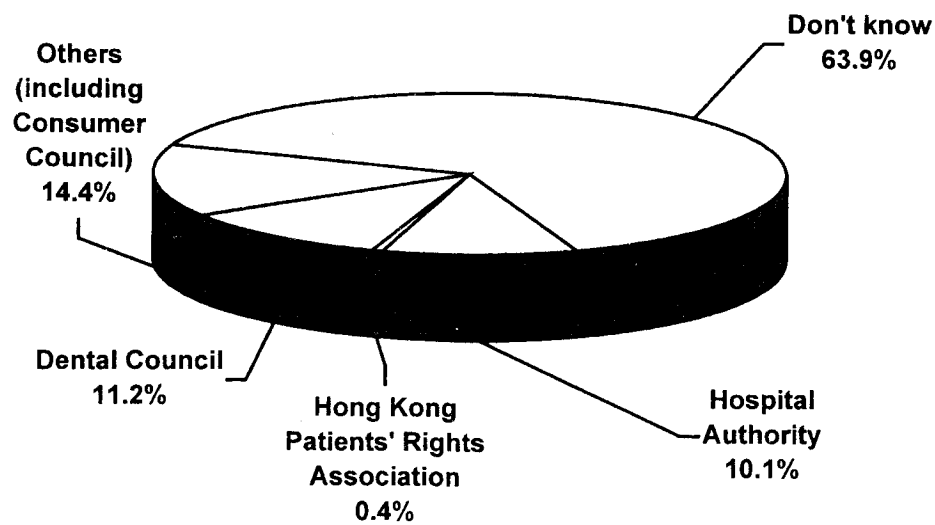


Figure 4 Places to make complaints

6.1.4 *Reasons for exercising/not exercising the rights*

The main reasons for exercising certain patients’ rights are given in Table 4. While the main reasons for not exercising certain patients’ rights are given in Table 5. Most of the respondents who did refuse examination/investigation, treatments and medication before stated the common reason of ‘no need’ (Table 4), i.e. they did not perceive themselves in having the needs of examination/investigation, treatments or medication.

Table 4 Main reasons for exercising the rights

Rights to	Reasons	%
Refuse examination/investigation	i. No need	50 (18/36)
	ii. Expensive	25 (9/36)
	iii. Others	19 (7/36)
Refuse treatments	i. No need	42 (43/103)
	ii. Expensive	30 (31/103)
	iii. Others	19 (20/103)
Refuse medication	i. No need	86 (25/29)

The commonest reasons for not exercising the specific rights were ‘trust the dentist’ and ‘dentist has done’. For example, 290 out of 326 respondents (89%) who had never enquired if the instruments used during treatments were sterilized; the main reason was that they trusted the dentist had done it. 48 out of 113 respondents (43%) who had never requested the dentists for controlling the pain during treatments stated the same reason, they trusted the dentists had controlled the pain to the minimum level (Table 5).

More than one third of the respondents, who had never requested the dentists to give clear explanation of treatments, to explain alternative treatment options and to be told about the knowledge of prevention of dental diseases stated that the dentists had done it before they requested.

Table 5 **Main reasons for not exercising the rights**

Rights to	Reasons	%
Receive treatments with sterilized instruments	i. Trust the dentists	89 (290/326)
Receive treatments with adequate pain control	i. Trust the dentists	43 (48/113)
	ii. No need	41 (46/113)
	iii. Others	12 (13/113)
Have second opinion from other dental professionals	i. No need	71 (67/237)
	ii. Others	14 (34/237)
	iii. Additional charge	7 (16/237)
Be informed about the fees and charges prior to treatments	i. Price list	34 (29/86)
	ii. Trust the dentists	24 (21/86)
	iii. Others	31 (27/86)
Be given clear explanation of the treatment	i. No need	40 (52/131)
	ii. Dentists has explained	34 (45/131)
	iii. Trust the dentists	20 (25/131)
Be explained any appropriate alternative treatments before the treatments	i. Trust the dentists	44 (55/124)
	ii. Dentists has explained	35 (43/124)
	iii. Others	17 (21/124)
Know the information of drugs prescribed	i. Trust the dentists	38 (64/172)
	ii. No need	34 (58/172)
	iii. Others	26 (44/172)
Understand the knowledge of prevention of dental diseases	i. Dentists has taught	74 (143/193)
	ii. No need	15 (29/193)
Access own medical information	i. No need	90 (159/177)

6.1.5 *Sources of the knowledge about patients' rights*

The respondents were asked from where they obtained information about patients' rights, only the first answer they gave was recorded. The most frequent mentioned sources of the information were "common sense" (50%) and mass media (21%). Friends or relatives (9%) and medical/dental professionals (7%) did contribute relatively small proportions (Figure 5).

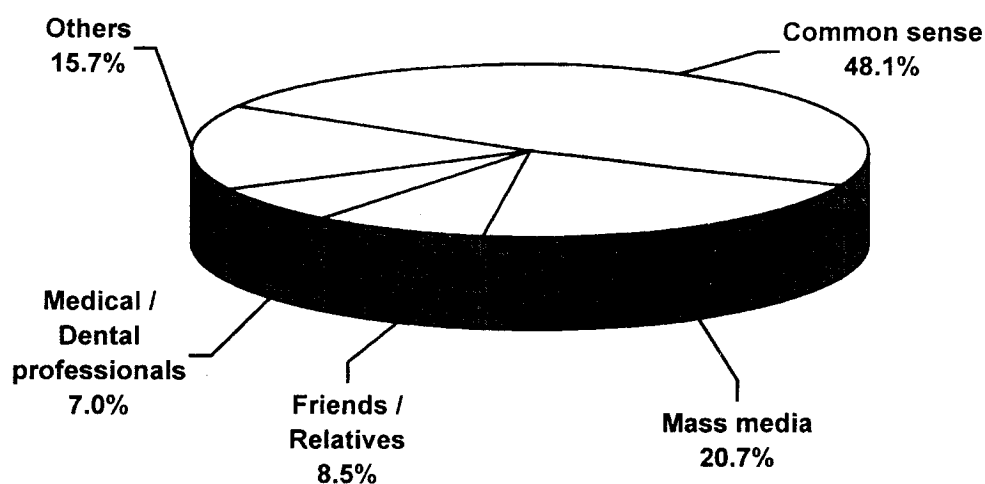


Figure 5 Sources of knowledge

6.1.6 Association between knowledge and exercise of patients' rights

A positive relationship between the knowledge and exercise of patient's right was found (Pearson correlation coefficient = 0.496, $p < 0.001$), i.e. the more the respondents knew about the rights, the more they exercised them. However, no matter how many rights they knew, they had exercised similar proportion (around one-third) of the rights they knew (Table 6).

Table 6. Mean number of rights exercised compared with that of known

No. of rights known	Mean of no of rights exercised	% rights exercised
1	0	0
2	0	0
3	1.0	33.3
4	1.3	31.3
5	1.8	36.0
6	1.8	30.0
7	2.4	34.5
8	2.8	34.7
9	2.6	28.7
10	3.6	36.1
11	3.9	35.1
12	4.0	33.1
13	4.9	37.7
14	5.1	36.4

6.1.7 Associations between knowledge/exercise of patients' rights and background variables

Mean numbers of rights (Rights of Treatment, Choice, Information and total number of rights) known by the respondents with different gender, age groups, patterns of dental visit, education levels, and occupations were compared by performing the independent-samples t-Tests and One-way ANOVA (Table 7). Chi-square tests were used to compare the proportions of respondents knew about the Right of Privacy/Complaint with different background variables (Table 7).

It was found that the proportions of respondents with age 45-49 years knew about the Rights of Privacy and Complaint were lower than other age groups. Regular dental users were found to have better knowledge on Rights of Choice, Information and Complaint when compared with the irregular users. Furthermore, education level was found to be positively associated with the knowledge on patient's rights. The higher the education levels of the respondents, the better the knowledge on each type of rights.

Regarding to the exercise of patients' rights, no statistically significant differences were found among the respondents with different age groups, patterns of dental visit, education levels and occupations. However, females were found to exercise more rights (especially, Rights of Choice and of Information) than males (Table 8).

6.2 Patients' Responsibilities

A total of 132 dentists were contacted through the telephone and 75 dentists responded to the questionnaires. Total number of patient appointments scheduled one day before the survey was 823. Total number of broken appointments without prior cancellation was 60 (7.1%). Total number of patients attempted to request invalid certification (receipt or sick-leave) was 2 (0.12%).

Table 7. Associations between mean numbers of different types of rights known and background variables.

	Treatment	Choice	Information	Privacy*	Complaint*	Total
<u>Age</u>						
25-29				0.94	0.90	
30-34				0.91	0.80	
35-39				0.97	0.90	
40-44				0.87	0.88	
45-49				0.78	0.75	
				(p=0.001)	(p=0.035)	
<u>Dental visit pattern</u>						
Regular		3.3	4.5		0.91	11.2
Irregular		3.0	4.0		0.82	10.2
		(p=0.007)	(p=0.001)		(p=0.032)	(p<0.001)
<u>Education level</u>						
Primary or below	1.3	2.9	3.6	0.82	0.82	9.4
Secondary	1.6	3.1	4.1	0.91	0.82	10.6
Tertiary or above	1.6	3.3	4.6	0.95	0.94	11.4
	(p=0.023)	(p=0.032)	(p<0.001)	(p=0.027)	(p=0.029)	(p<0.001)

* Proportions of respondents who knew about the rights were reported instead of the means number of rights known.

Table 8. Associations between mean numbers of different types of rights exercised and background variables.

	Treatment	Choice	Information	Total
<u>Gender</u>				
Male		0.5	1.7	3.3
Female		0.7	2.1	4.0
		(p=0.027)	(p=0.006)	(p=0.004)

7. DISCUSSION

7.1 Knowledge of patient's rights

There were a total of 14 questions asking about the knowledge of patients' rights in dentistry. The result showed that in general, the patients' knowledge in this particular area was pretty good. 67% of the respondents knew at least 10 out of the 14 rights. The top 4 rights known by most respondents were the rights to have confidentiality in personal information, to refuse treatment, to receive treatment using sterilized instrument and to be informed about the fees and charges prior to treatments. This finding could be resulted by the continuous effort made by different parties in Hong Kong, including the Hong Kong Government, the Hospital Authority, the Consumer Council and the mass media of Hong Kong. In the recent years, the Hong Kong Government and the Hospital Authority has run series of mass media programs to advocate the context and importance of patients' rights. The television program such as "Doctor and you" was one of these examples. On the other hand the Consumer Council has done a beautiful job in educating the Hong Kong residents about consumers' rights. Some of the patients' rights such as, to be informed know the fees and charges prior to treatments, might be aroused as well in these campaign.

A high percentage of respondents replied that they knew the rights to receive quality dental care such as, to receive treatment using sterilized instrument. This could be related to the ever improving image about dentistry. Since 1985 there has been a continuous supply of local dentists from the University of Hong Kong who regarded sterilization as a mandatory procedures in dentistry. With the increase in the availability of properly trained dentists, Hong Kong residents were able to seek dental services from dentists rather than illegal dental practitioners. The concept of infection control could also be transferred to the residents by some means. Moreover, through the public health education, the public has increased in awareness of the possibility of transmitting the communicable disease through blood and saliva as well. It was therefore not surprising to see the awareness of this particular rights being high.

The least known patients' rights by the respondents were to access own medical information, to be explained any appropriate alternative treatments before the treatments and to receive treatments with adequate pain control. Only half of the respondents reported that they knew the right to access own medical information. In a similar study conducted in the outpatient unit in an England Hospital, 74% of the respondents reported that they knew this right (4). It seemed that the understanding of this right was more prevalent in the western world than in Hong Kong.

Moreover, around 60% of the respondents knew the rights to be explained any appropriate alternative treatments before the treatments, and to receive treatments with adequate pain control. Regarding alternative treatment options, it is important for the patients to know that they have the right to understand and discuss the options with the dentist before he starts any treatment procedures. Regarding pain control, it was presumed in the old days that dental treatment was painful, but with the continuous development in dental technology, it is now possible that pain can be minimized. In order to enable the patients to receive quality dental care, future promotions and education on these three aspects would be necessary.

Results from our study that lots of patients (82%) knew that they have the right of complaint. Within this group, only 36% claimed that they knew the place to make complaints. However only 11% could correctly give "Dental Council" as their choices. Although the other places like Hospital Authority and Consumer Council might possibly refer those complaints to the Dental Council, it should be aware that the residents in Hong Kong were severely lacking these knowledge. Reinforcement of this information was in needed.

Two factors were found to be positively correlated to the knowledge on patients' rights. They were the educational level and the pattern of dental visit. Regular dental users had more knowledge on patients' rights than the irregular users, especially on the rights of choice, rights of information and right of complaint. In a previous study, dental awareness and attendance were shown to be positively correlated to each other, it seemed that dental

awareness, the extent of the knowledge on patients' rights and pattern of dental visits were all related to each other. Further study would be required for confirmation.

Most respondents regarded their knowledge on patients' rights as a kind of common sense. It could be understood that these respondents could not refer their knowledge to any specific source of information. However this study did not further investigate the meanings whether the 'common sense' meant the experiences in dental visits or learned experiences from other aspects of life. Thus, it would be difficult to recommend the way to improve the knowledge through improving their 'common sense'. The second most important source of information was mass media. Consistent with the previous discussion on the knowledge on patients' rights, the broadcasting programs produced by the Hospital Authority or the Consumer Council did certainly play an important role in educating the public about the knowledge on patients' rights.

7.2 Exercise of patients' rights

The extent of exercising the selected 12 patients' rights were asked. Results showed that 65% of the respondents had exercised only at most 3 out of 12 rights. The most prevalent right being exercised most was to enquire about the fees and charges prior to treatments (76%). The bottom three were to enquire whether the instruments used during treatments were sterilized or not (8%), to refuse medication (10%), and to refuse examination (13%).

The reasons for not exercising the rights were asked in 9 out of 12 questions. The two usual responses were: 1) They regarded the exercise as unnecessary because they trust the dentist (trust the dentist), and 2) dentist has fulfilled the patients' requests before being asked (dentist has done). The meaning of 'trust the dentist' and 'dentist has done' could mean something beyond behind the wordings. Beside the respondents were truly believe in the doctors' professional ability, this answer could also be resulted from the psychology of human being such as conformity, obedience and compliance as well. However no scientific data could be

refereed about the characteristic of Hong Kong residents towards dentists in these aspects. The interpretation of the result would be difficult unless further investigations were made.

The finding in the association between the knowledge and the extent of rights being exercised was interesting. Approximately one third of the patients' rights they knew had been exercised. This proportion was relatively constant no matter how many rights the respondents knew. Multiple factors could attribute to this finding, for instance, the culture of the society might play an important role here. Further investigation would be required to verify this hypothesis.

7.3 Patients' responsibilities

Two patient behaviours, broken appointment without prior cancellation and attempt to request for invalid certification were selected because these behaviours reflected the negligence of patients' responsibilities. Results showed that 7% and 0.12% of the patients were committing in these two areas respectively. As mentioned previously, the dentists were asked about these two behaviours in order to reduce the possible bias from the patients' answers. However it should still be cautious to interpret the result from the dentists. As some dentists might still regard this kind of questions as very sensitive, they might provide the "ideal answer" to the questions. As a result, it was possible that the figure was underestimated.

8. CONCLUSION AND RECOMMENDATION

1. It was found that the public knew a considerable amount of patients' rights. However, half of the public did not recognise of their rights to access their own medical information, to receive quality dental care such as treatments with adequate pain control and to be informed of the alternative treatment options. Further promotion in these areas would be required.
2. The public was aware of their rights of complaint. However they were lacking the knowledge of the proper channel for execution. More attention should be paid in this area in the future education program.
3. The factors affecting the public not exercising their patients' rights were not clear. Further investigation in dentist-patient relationship would be required.
4. Approximately one third of the patients' rights the public known had been exercised. This proportion was relatively constant no matter how many rights the respondents knew. Further investigation would be required to find out the mechanism behind this relationship.

9. ACKNOWLEDGEMENT

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- Dr. Edward Lo

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APPENENDIX I: Questionnaire on patients' rights

- * 你好！我係香港大學牙醫學院的學生，我地而家做緊一個有關牙科病人權益的意見調查，而呢個係香港首次有關呢方面的調查，你的意見對我地非常重要，想阻你大約 5 分鐘。你比我地的資料會絕對保密。

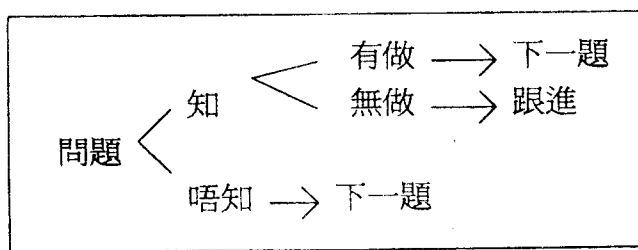
S1 請問你以前有無睇過牙醫

1. ☐ 有 → 下一題
2. ☐ 無 → 請問你屋企而家有無人係介乎25-50歲又睇過牙醫架呢？
有 → 麻煩你請佢聽電話 → 重複以上對話*
無 → 終止訪問

S2 請問你的年齡係咪介乎25-50歲呢？

1. ☐ 係：咁請問你的年齡係介乎：
 - 1) ☐ 25-29歲
 - 2) ☐ 30-34歲
 - 3) ☐ 35-39歲
 - 4) ☐ 40-44歲
 - 5) ☐ 45-49歲
2. ☐ 唔係：咁請問你屋企而家有無介乎呢個歲數而又睇過牙醫的人呢？
有 → 麻煩你請佢聽電話 → 重複以上說話*
無 → 麻煩晒你，拜拜（終止訪問）

以下問題：



Q1 你知唔知當你接受牙科治療的時候，用係你口的儀器都要經過適當的消毒

1. ☐ 唔知
2. ☐ 知 → 咁你有無問過你個牙醫果D儀器有無消毒
 - 1) ☐ 有問過
 - 2) ☐ 冇問過 → 點解 原因：
 - 1> ☐ 怕醫生唔高興
 - 2> ☐ 信醫生 / 無需要
 - 3> ☐ 唔好意思
 - 4> ☐ 人人都係咁
 - 5> ☐ 問都無用
 - 6> ☐ 無需要消毒
 - 7> ☐ 其他 _____

Q2 你知唔知你可以接受或拒絕任何檢查（例如：X光）

1. ☐ 唔知
2. ☐ 知 → 咁你有無拒絕過
 - 1) ☐ 冇拒絕過
 - 2) ☐ 冇拒絕過：點解你要拒絕→ 原因：
 - 1> ☐ 唔信醫生
 - 2> ☐ 怕會貴
 - 3> ☐ 無需要
 - 4> ☐ 其他 _____

Q3 你知唔知你可以向牙醫索回有關自己病況的任何資料副本，例如：X光片，檢查報告

1. ☐ 唔知
2. ☐ 知 → 咁你有無試過咁做
 - 1) ☐ 冇做過
 - 2) ☐ 冇做過→點解 原因：
 - 1> ☐ 麻煩
 - 2> ☐ 無需要/無問題
 - 3> ☐ 怕醫生唔高興
 - 4> ☐ 唔好意思
 - 5> ☐ 其他 _____

Q4 你知唔知你可以嚟治療之前查詢所需的費用

1. ☐ 唔知
2. ☐ 知 → 咁你有無問過
 - 1) ☐ 冇問過
 - 2) ☐ 冇問過 →點解 原因：
 - 1> ☐ 麻煩
 - 2> ☐ 怕醫生唔高興/唔敢問
 - 3> ☐ 信醫生
 - 4> ☐ 唔好意思
 - 5> ☐ 人人都係咁
 - 6> ☐ 有價錢表
 - 7> ☐ 其他 _____

Q5 你知唔知嚟治療前你可以知道該療程的有關資料，例如：常見的併發症

1. ☐ 唔知
2. ☐ 知 → 咁你有無問過
 - 1) ☐ 冇問過
 - 2) ☐ 冇問過→點解 原因：
 - 1> ☐ 麻煩
 - 2> ☐ 怕醫生唔高興
 - 3> ☐ 信醫生
 - 4> ☐ 唔好意思
 - 5> ☐ 人人都係咁
 - 6> ☐ 無需要
 - 7> ☐ 醫生主動講 㗎
 - 8> ☐ 其他 _____

Q6 你知唔知嚟決定治療之前，你可以要求你的牙醫話俾你聽其他可行的治療方法

1. ☐ 唔知

2. ☐ 知 → 咁你有無要求過

1) ☐ 有要求過

2) ☐ 有要求過→點解 原因: 1> ☐ 麻煩

2> ☐ 怕醫生唔高興

3> ☐ 信醫生

4> ☐ 唔好意思

5> ☐ 人人都係咁

6> ☐ 醫生講 㗎

7> ☐ 其他 _____

Q7 你知唔知你有權接受或拒絕任何治療

1. ☐ 唔知

2. ☐ 知 → 咁你有無拒絕過

1) ☐ 有拒絕過

2) ☐ 有拒絕過: 點解你要拒絕

原因: 1> ☐ 唔信醫生

2> ☐ 怕會貴

3> ☐ 無需要

4> ☐ 其他 _____

Q8 你知唔知你可以要求牙醫將治療時所引起的痛楚減至最低

1. ☐ 唔知

2. ☐ 知 → 咁你有無要求過

1) ☐ 有要求過

2) ☐ 有要求過→點解 原因: 1> ☐ 要求亦無幫助減輕痛楚

2> ☐ 怕醫生唔高興

3> ☐ 信醫生

4> ☐ 唔好意思

5> ☐ 人人都係咁

6> ☐ 怕另收費用

7> ☐ 唔需要

8> ☐ 其他 _____

Q9 你知唔知可以問牙醫你所服用藥物的資料，例如：效用及常見的副作用

1. ☐ 唔知

2. ☐ 知 → 咁你有無問

1) ☐ 有問過

2) ☐ 冇問過 → 點解

原因：1> ☐ 麻煩

2> ☐ 怕醫生唔高興

3> ☐ 信醫生

4> ☐ 唔好意思

5> ☐ 人人都係咁

6> ☐ 有需要

7> ☐ 無辦法問

8> ☐ 其他 _____

Q10 你知唔知你有權接受或拒絕任何藥物

1. ☐ 唔知

2. ☐ 知 → 咁你有無拒絕過

1) ☐ 冇拒絕過

2) ☐ 冇拒絕過：點解你要拒絕

原因：1> ☐ 唔信醫生

2> ☐ 怕會貴

3> ☐ 無需要

4> ☐ 其他 _____

Q11 你知唔知你可以徵詢第二位牙醫的意見

1. ☐ 唔知

2. ☐ 知 → 咁你有無試過

1) ☐ 有試過

2) ☐ 冇試過 → 點解

原因：1> ☐ 麻煩

2> ☐ 唔好意思

3> ☐ 無需要

4> ☐ 怕醫生唔高興

5> ☐ 人人都係咁

6> ☐ 需另加收費

7> ☐ 其他 _____

Q12 你知唔知你的牙醫應該要教你預防口腔疾病的知識，例如：蛀牙、牙周病。

1. ☐ 唔知
2. ☐ 知 → 你有無要求過牙醫話俾你聽呢方面的知識
 - 1) ☐ 有要求過
 - 2) ☐ 冇要求過 → 點解 原因：
 - 1> ☐ 麻煩
 - 2> ☐ 醫生教咗
 - 3> ☐ 唔好意思
 - 4> ☐ 無需要
 - 5> ☐ 其他 _____

Q13 你知唔知病人的資料必須保密

1. ☐ 唔知
2. ☐ 知

Q14 你知唔知香港政府有規定牙醫收費係有上限？

1. ☐ 唔知
2. ☐ 知

Q15 你知唔知如果你懷疑牙醫的專業操守時，你可以作出投訴

1. ☐ 唔知
2. ☐ 知 → 如果你真係懷疑牙醫的專業操守時，你會唔會投訴
 - 1) ☐ 會 → 你知唔知係邊度投訴（知 → 邊度？
 - 1> ☐ 唔知
 - 2> ☐ 醫生
 - 3> ☐ 醫管局
 - 4> ☐ 病人權益會
 - 5> ☐ 牙醫委員會
 - 6> ☐ 其他 _____
 - 2) ☐ 唔會 → 點解 原因：
 - 1> ☐ 麻煩
 - 2> ☐ 唔好意思
 - 3> ☐ 人人都係咁
 - 4> ☐ 冇用
 - 5> ☐ 怕醫生唔高興
 - 6> ☐ 其他 _____

Q16 請問你呢D資料係嚟咩途徑得返黎呢？

1. ☐ 常識
2. ☐ 傳媒
3. ☐ 朋友 / 親戚
4. ☐ 醫護人員
5. ☐ 其他 _____

最後，由於統計上的需要，想問一D有關你的資料，你比我地的資料會絕對保密。

Q17 請問你係咪定期睇牙醫？

1. ☐ 係 → 咁請問你通常幾耐睇一次？
 - 1) ☐ 半年
 - 2) ☐ 一年
 - 3) ☐ 兩年
 - 4) ☐ 其他 _____
2. ☐ 唔係

Q18 你的教育程度係？

1. ☐ 未接受過教育 / 幼稚園
2. ☐ 小學
3. ☐ 中學
4. ☐ 大學或以上

Q19 你的職業係？

1. ☐ 經理及行政人員
2. ☐ 專業人員
3. ☐ 輔助專業員
4. ☐ 文員
5. ☐ 服務工作及商店銷售人員
6. ☐ 工藝及有關人員
7. ☐ 機台及機器操作員及裝配員
8. ☐ 非技術工人
9. ☐ 主婦
10. ☐ 無業
11. ☐ 其他 _____

APPENDENDIX II: Questionnaire on patients' responsibilities

您好！我係香港大學牙醫學院的學生，我地而家做緊一個有關牙科病人權益同義務的意見調查，我地已經做左一份大眾對病人權益認識的調查，但係對於病人義務的實行現況就要請你幫忙喇，想阻你小小時間問你四個問題。

☐ M

☐ F

1. 請問你係呢間診所對上一個工作日 Appointment book 有幾多個病人約好左呢？

2. 請問你係呢班人當中，有幾多個病人無應診而又無通知你呢？

3. 請問你尋日有幾多個病人嘗試要求你發出唔正確的收據或者唔合理的病假紙呢？
